

**SEALED**

AC 2.2 (Rev. 10/11) Arrest Warrant

**UNITED STATES DISTRICT COURT**

for the

Western District of Texas

United States of America

v.

Nancy Almaguer

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)  
)  
)  
)  
)

Case No. SA19-CR-905-DAE-2

Defendant**ARREST WARRANT**

To: Any authorized law enforcement officer

**YOU ARE COMMANDED** to arrest and bring before a United States magistrate judge without unnecessary delay(name of person to be arrested) Nancy Almaguer

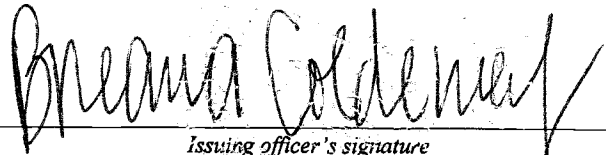
who is accused of an offense or violation based on the following document filed with the court:

- ☒ Indictment   
 ☐ Superseding Indictment   
 ☐ Information   
 ☐ Superseding Information   
 ☐ Complaint  
☐ Probation Violation Petition   
☐ Supervised Release Violation Petition   
☐ Violation Notice   
☐ Order of the Court

This offense is briefly described as follows:

18:371 - Conspiracy to Defraud the United States and to Pay &amp; Receive Health Care Kickbacks

42:1320a - 7b(b)(1) - Soliciting and Receiving Illegal Health Care Kickbacks

Date: 12/18/2019


Issuing officer's signature

City and state: San Antonio, TXBreanna Coldewey, Deputy Clerk

Printed name and title

**Return**This warrant was received on (date) \_\_\_\_\_, and the person was arrested on (date) \_\_\_\_\_  
at (city and state) \_\_\_\_\_.

Date: \_\_\_\_\_

Arresting officer's signature

Printed name and title

**This second page contains personal identifiers provided for law-enforcement use only  
and therefore should not be filed in court with the executed warrant unless under seal.**

***(Not for Public Disclosure)***

Name of defendant/offender: \_\_\_\_\_

Known aliases: \_\_\_\_\_

Last known residence: \_\_\_\_\_

Prior addresses to which defendant/offender may still have ties: \_\_\_\_\_

Last known employment: \_\_\_\_\_

Last known telephone numbers: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars, tattoos, other distinguishing marks: \_\_\_\_\_

History of violence, weapons, drug use: \_\_\_\_\_

Known family, friends, and other associates (*name, relation, address, phone number*): \_\_\_\_\_

FBI number: \_\_\_\_\_

Complete description of auto: \_\_\_\_\_

Investigative agency and address: \_\_\_\_\_

Name and telephone numbers (office and cell) of pretrial services or probation officer (*if applicable*): \_\_\_\_\_

Date of last contact with pretrial services or probation officer (*if applicable*): \_\_\_\_\_